2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

			Connetaur of Ctata
DOCUMENT # P98000082790 1. Entity Name SHORES DENTAL GROUP, INC.)		Secretary of State
Principal Place of Business Mailin	ng Address		
4755 N. HWY A1A 37	30 7TH TERRACED #301		
VERO BEACH, FL 32963 VE	RO BEACH, FL 32960		
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			, (a) , (a) , (b) , (c) , (d)
DO MOT MIDITE IN THIS ODAGE		02092004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN	I HIS SPA	GE	4. FEI Number Applied For
			59-3593980 Not Applicable
			Certificate of Status Desired Section
6. Name and Address of Current Register	ed Agent	<u> </u>	
MOODE 10UNEW			
MOORE, JOHN E III 5070 N ALA., STE 200	•		DO NOT WRITE
VERO BEACH, FL			IN THIS COACE
			IN THIS SPACE
 The above named entity submits this statement for the purp the obligations of registered agent. 	oose of changing its registered	office or registered	agent, or both, i n the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if a	opticable (NOTE Registere	d Agent signature required	when reinstating) DATE
			「表する」 「And And And And And And And And And And
	G. Flaction Campaign Figure	oing #E	00.440
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution,		.00 May Be U00000109110 cd to Fees 04.410.404 99999
After May 1, 2004 Fee will be \$550.00	Trust Fund Contribution,		00 May Be cd to Fees U00000109110 04/12/04-80030-010 150.00
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After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTO TITLE P NAME EMERSON, BEN D DMD STREET ADDRESS 3730 7TH TERRACED #301	Trust Fund Contribution,		cd to Fees VUUUUUUUUUUU
After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTOR TITLE P EMERSON, BEN D DMD STREET ADDRESS 3730 7TH TERRACED #301 CITY-ST-ZIP VERO BEACH, FL 32960	Trust Fund Contribution,		cd to Fees VUUUUUUUUUUU
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the Information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: an if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: an if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes: an if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes: an if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04 77

772-569-9700